DEFENDANT'S APPENDIX

PART B

N15

UNION HOSPITAL OF CECIL COUNTY
ELKTON, MD 21921

PHYSICIAN DISCHARGE SUMMARY

Name of Patient: ADAMS,DORIS EVELYN
SS#: 216-56-7185

Date of Admission: 11/03/01
Date of Discharge: 11/07/01

Final Diagnosis: Mitral valve prolapse
Chronic back and neck pain

Procedure:

BRIEF HISTORY & ESSENTIAL PHYSICAL FINDINGS: The patient is a 49-year-old white female who presented secondary to neck pain. She was in her usual state of health until approximately one week prior to admission when she noted that she was having some neck pain and was seen by us in the office and noted to be having more stiffness than any neurological symptoms at that time. She has also been having some severe back pain, prompting her to seek medical consultation and she was advised admission for further evaluation and management. She denied any palpitations at the time of admission. She denied any nausea or vomiting.

Past Medical/Surgical History: Significant for mitral valve prolapse, hyperthyroidism, shoulder pain, and chronic neck pain.

Physical Examination: Well-developed, well-nourished, female, who looks her stated age. Vital signs, blood pressure 112/70, pulse 65, respiratory rate 16, temperature 98.6. The head, eyes, ears, nose, and throat examination is normocephalic, atraumatic. The pupils are equal, reactive to light and accommodation. Moist lips and buccal mucosa. The neck is supple. The chest is symmetrical with expansion and clear to auscultation. The heart reveals normal S1 and S2. The abdomen is soft, positive bowel sounds. The extremities revealed no clubbing, cyanosis, or edema.

Assessment and Plan: Neck pain, cervical pain, rule-out disk dissection.

HOSPITAL COURSE: The patient was admitted to the hospital. She was able to move the neck with much discomfort and complained of pain on the right side of the neck. Given Robaxin IV, Percocet to relieve the pain.

The patient was seen in consultation by Dr. Melnick for Neurology consult. "In summary, we have a middle-aged patient with complaints of some neck pain that seems somewhat out of proportion to her examination. The patient certainly by history has an underlying psychological problem which then makes it difficult to evaluate due to the severity of her pain and her ability to interact with all staff members.

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Consideration to a mood stabilizing medications such as Depakote and Neurontin or even Topamax which can also help with pain would be indicated along with possible facet block. When I discussed this with the patient she became distressed saying that is only a temporary measure and something must be done about her pain. I expressed to the patient that she needs to learn to go along with what the doctor suggests and I will be discussing with the nurses and leaving a note on the chart."

For her right sided neck pain, Dr. Reema Malhotra saw the patient in consultation. She recommended to discontinue the Duragesic patch, discontinue Percocet. Give Lortab and NAprosyn and Robaxin. Follow up as an outpatient for right cervical facet nerve block but the patient says she is not interested in any procedure and only wants the pain controlled with pain medications.

Dr. Oscar Galvis was consulted. His impression was:

"Axis I: Bipolar disorder, NOS.
Axis II: Personality disorder NOS with histrionic and borderline features.
Axis III: Cervical neck pain of two weeks' duration.
Axis IV: Moderate secondary to chronic pain.
Axis V: 55 at present and 55 last year.

His recommendations were: At this time the patient does not satisfy criteria for involuntary certification on an inpatient basis. She denies any suicidal/homicidal ideation, plan or intent. She has no psychotic symptoms. The patient refused treatment on an outpatient basis. She was fixated solely on pain issues. As such psychiatric medications are not indicated at this time. Further evaluation of cervical pain is indicated if it has not been done already (x-ray, MRI, CT scan). It is recommended that this patient be referred to a pain specialist on an outpatient basis to ensure that patient is not abusing her opiate analgesics."

Dr. Varma was consulted as well for possible cardiac etiology of chest which he concluded to be non-cardiac in etiology.

The patient refused all the recommendations made by the specialists. She complained of persistent pain. Will have PT. Discharged on pain medications and referred to pain specialist in Bel Air, MD as she refused to be seen by a specialist in Elkton.

_____, M.D.

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1ST STATE Health & Wellness

INITIAL REPORT

PATIENT: Ashley Adams

DATE OF EXAMINATION: February 20, 2002

DATE OF ACCIDENT: February 19, 2002

The following is an initial report concerning the complaints of Ashley Adams as a result of a motor vehicle accident on February 19, 2002.

HISTORY

The patient presented for examination and treatment in this office on February 20, 2002. At this time she is presenting with a primary complaint of constant severe headaches along with right-sided cervical spine pain that radiates down into the right trapezius, left foot pain, and right rib pain. The patient describes her headaches as a constant severe headache that is in the frontal region. She reports no dizziness, nausea, or vomiting with these headaches. Ms. Adams states that the headaches radiate into her ears and into her neck, more on the right side. She describes her neck pain as a constant tightness becoming a sharp pain with movement. Ms. Adams describes her left foot pain as a throbbing pain and it feels like it is bruised. The patient states that she is having difficulty driving or putting any pressure on the foot. Her rib pain is located in the right lower quadrant of her right rib cage and increases in pain with deep breathing. Ms. Adams states that nothing has made any of these complaints better, and she also reports that the time of day has not affected her pain levels. The patient states that these complaints started after a motor vehicle accident on February 19, 2002 when she was the lone restrained driver of her vehicle wearing both her shoulder and lap belts. Ms. Adams states that her head restraint was in the down position. She was looking straight ahead when a GMC truck traveling approximately 10-15 mph struck her. It struck the front side of her vehicle. She does not recall hitting the windshield or loosing consciousness. The airbags did not deploy. Immediately following the accident she had severe headaches, left foot pain, neck pain, and pain in her chest. She also became emotionally distraught. Ms. Adams received no lacerations or contusions as a result of the accident. The police were notified. The patient was not taken to the hospital. She returned home after the

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Lantana Square Shopping Center
Hockessin, DE 19707-8807
302.239.9600
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accident. Since the accident she states that her symptoms have been getting worse. She has also check irritability, nervousness, and tension, along with the above complaints of headache, neck pain, neck stiffness, and chest pain. Ms. Adams has been unable to work as a result of the injuries sustained in the accident. The patient was consulted, examined, and evaluated, the results of which are as follows.

COMPLAINTS

- Severe headaches.
- Neck pain.
- Neck stiffness.
- Right-sided rib pain.
- Left foot pain.

PAST MEDICAL HISTORY

The patient denies any other history of head, neck, or spine trauma. No recent slips, falls, or motor vehicle accidents besides the above mentioned. There is no other past medical history that is relative to the above condition.

GENERAL IMPRESSION

Ms. Adams is a 49-year old, Caucasian female, who presented in a distraught demeanor. Her respiration was increased and shallow. The patient also had difficulty in taking deep breaths due to the pain in her chest and rib region. During examination she was compliant and provided maximum effort.

ORTHOPEDIC AND NEUROLOGICAL EXAMINATION

Cervical Spine

Examination and palpation of the cervical and thoracic spine revealed the right levator scapulae muscle showed moderate spasm. The right trapezius showed mild spasm. The suboccipital muscles bilaterally showed severe spasm. The cervical extensors on the right showed moderate spasm, and the right SCM showed mild spasm. There was tenderness over the spinous processes

of C2, C5, T1 and T3. Motion palpation showed segmental dysfunction at C2, C5, T1, and T3. Valsalva's test produced pain in the right side of the rib cage around ribs 9 and 10. Cervical compression bilaterally produced pain to the right of C2 down to C7. Muscle testing showed a decrease in right wrist extensor. Left foot showed pain with flexion and inversion. There was some mild swelling over the talus.

DIAGNOSTIC TESTING

The patient had a cervical Davis series and a two-view chest series taken on February 20, 2002. At this time we are awaiting the results. They will be included in her file.

The patient had a cervical range of motion test done on February 20, 2002 using dual inclinometry. The patient had pain globally during testing.
Flexion at an average of 29 degrees compared to a normal of 50+ degrees.
Extension at an average of 30 degrees compared to a normal of 60+ degrees.
Left lateral flexion at an average of 27 degrees compared to a normal of 45+ degrees.
Right lateral flexion at an average of 20 degrees compared to a normal of 45+ degrees.
Left rotation at an average of 46 degrees compared to a normal of 80+ degrees.
Right rotation at an average of 23 degrees compared to a normal of 80+ degrees.

DIAGNOSIS

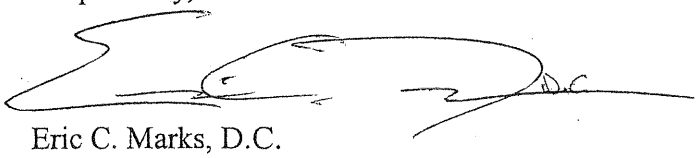
- **Headaches.**
- **Cervical hyperflexion/hyperextension.**
- **Cervical and thoracic segmental dysfunction.**
- **Cervical restriction of motion.**
- **Deep and superficial muscle spasms.**
- **Left ankle sprain/strain.**
- **Rib pain.**

TREATMENT

This condition warrants a treatment plan consisting of treatments of physical therapy, consisting of: Cryotherapy, electrical muscle stimulation, myofascial release, joint mobilization. This treatment will continue until obvious symptoms have decreased. When the patient has

progressed to the point of minimal pain on range of motion, the treatment plan will change to a more aggressive one of neuromuscular reeducation and therapeutic exercises to gradually stretch and reeducate weakened and restricted muscles around the joint. This treatment will strengthen the joints, increase capillary action, loosen adhesions, and increase muscle stability. Joint mobilization and myofascial release will continue as needed. The patient was referred out to Dr. Grossinger for neurological consultation and treatment.

Respectfully,



Eric C. Marks, D.C.

:kab
dot: 2/26/02

cc: Bruce Grossinger, D.O.
Swarthmore Neurology Associates
4100 Dawnbrook Drive
Suite 4
Wilmington, DE 19804

Bruce Grossinger, D.O.
Swarthmore Neurology Associates
4100 Dawnbrook Drive
Suite 4
Wilmington, DE 19804

RE-EXAMINATION REPORT

RE: Ashley Adams

DATE OF EXAMINATION: March 26, 2002

The following is a re-examination report concerning the complaints of Ashley Adams.

HISTORY

The patient presented for re-examination and treatment in this office on March 26, 2002. At this time she is presenting with a primary complaint of headaches along with right-sided neck pain, left foot pain, mid back and low back pain. She describes the headaches as being in the frontal region. It is worse with cold, damp weather. She is having them on a daily basis. She notes she has received some relief from the headaches periodically since her treatment has started. The patient points to the area of the sacrum, right sacroiliac joint and right gluteal as the origin of low back pain. She states she is having some difficulty due to the pain. She is also having occasional left foot pain, which has gotten worse over the last few days and it is causing difficulty sleeping. The patient states that she is currently working part-time and is still continuing going to school.

EXAMINATION:

Examination showed the right suboccipitals along with right cervical extensors from C2 to C3 and the right trapezius showed some spasm and tenderness. There is also tenderness over the spinous processes of C2, T5, L5, sacrum, and the right sacroiliac joint. Motion palpation showed segmental dysfunction at C2, T5, L5, sacrum, and the right sacroiliac joint was restricted in posterior to anterior glide. The left talus joint was also restricted. Cervical compression bilaterally reproduced pain at C2 and C3 on the right. Valsalva's test increased pain to the right of C2 and C3. A right Yeoman's test produced pain at the sacrum.

A cervical range of motion reexamination was done using dual inclinometer on March 26, 2002. Flexion showed an increase of 68 percent up to 52 degrees with a normal of 50+ degrees. Extension showed an increase of 58 percent up to 52 degrees compared to a normal of 60+ degrees.

Left lateral flexion showed an increase of 43 percent up to 40 degrees compared to a normal of 45+ degrees.
Right lateral flexion showed an increase of 43 percent up to 30 degrees compared to a normal of 45+ degrees.
Left rotation showed an increase of 33 percent up to 68 degrees compared to a normal of 80+ degrees.
Right rotation showed an increase of 200 percent up to 78 degrees compared to a normal of 80+ degrees.

TREATMENT

The patient treatment is going to move to one of the more aggressive ones consisting of cervical and lumbar Med-X at two times a week. She will be reexamined at four week intervals. She will also continue massage therapy two times a week for two more weeks at one hour sessions to control the myospasms. Chiropractic treatment will be decreased to two times a week with another reexamination being done at four weeks.

Respectfully,

Eric C. Marks, D.C.

:kab
dot: 4/8/02

cc: Joseph M. Jachetti, Esquire
824 Market Street
Suite 805
Wilmington, DE 19801

DAILY PROGRESS NOTES

PATIENT: Ashley Adams **DATE:** 3/26/02

DX: Re Exam

SUBJECTIVE

COMPLAINT

PAIN LEVEL TODAY

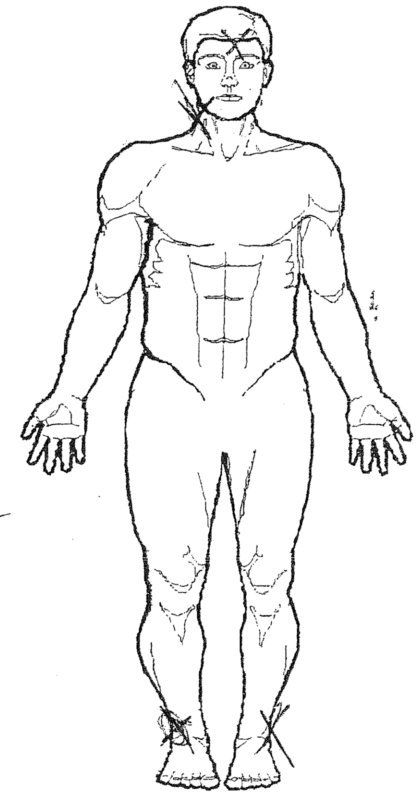
LOW .... HIGH

		MILD			MODERATE			SEVERE			EXTREME
1.	0	1	2	3	4	5	6	7	8	9	10
2.	0	1	2	3	4	5	6	7	8	9	10
3. See	0	1	2	3	4	5	6	7	8	9	10
4. CMD	0	1	2	3	4	5	6	7	8	9	10
5.	0	1	2	3	4	5	6	7	8	9	10

6.

7.

FRONT



OBJECTIVE

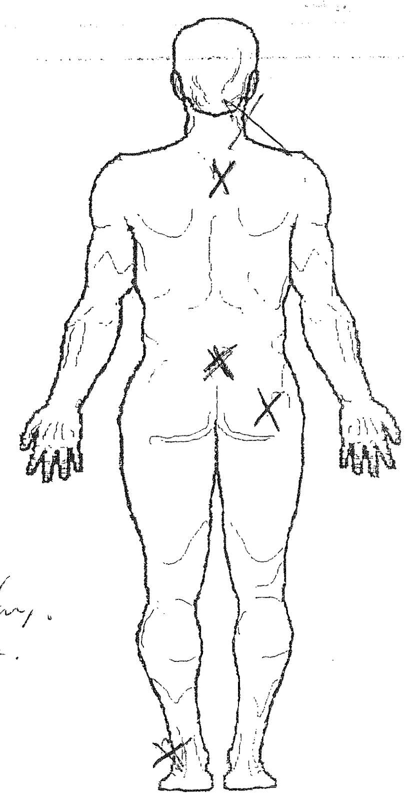
	↑	↓	S	
SPASM	☐	☐	☐	AREA (R) suboccip, (R) c-ext C2/C3
SPASM	☐	☐	☐	AREA (R) traps
SWELLING	☐	☐	☐	AREA
C. ROM	☐	☐	☐	AREA
L. ROM	☐	☐	☐	AREA
TENDERNESS	☐	☐	☐	AREA C5/SAC (R) SI / T7, C2
TENDERNESS	☐	☐	☐	AREA

OTHER:

ANALYSIS

- ☐ No significant change since last visit
- ☐ Improvement as anticipated
- ☐ Substantial improvement
- ☐ Mild improvement
- ☐ Moderate improvement
- ☐ Exacerbation due to:
- ☐ New Condition:
- ☐ Continue on Rx
- ☐ Transfers improving
- ☐ Becoming more active
- ☐ Other:

BACK



PLAN

☐ Proceed with therapies as ordered by physician ☐ Change Plan

___ COLD ___ HEAT		___	ELEC. STIMULATION
___	MANIPULATION	___	IONTOPHORESES
___	INTERFERENTIAL	___	MASSAGE
___	JT. MOBILIZATION	___	NEURO-MUSCULAR RE-EDUCATION
___	MYOFASCIAL RELEASE	___	RUSSIAN STIM
___	PARAFFIN BATH	___	SWISS BALL
___	SPINAL MANIPULATION	___	THERAPEUTIC EXERCISE ___ U
___	SPRAY / STRETCH	___	THERAPEUTIC ACTIVITES ___ U
___	TENS UNIT	___	ULTRASOUND
___	TRACTION	___	WOBBLE BOARD
___	VASOPNEUMATIC	___	ACTIVITES OF DAILY LIVING
___	DIATHERMY		
☐	OTHER:		

AREAS: 1=CERVICAL 2=THORACIC 3=LUMBAR 4=SI 5=TRAPS 6=EXTREMITY 7=GLUTS 8=OTHER:

REMARKS: ↑ H/A & (R) sided neck (R) (L) foot LB & mid back (R). H/A → frontal (R) worse w/ cold/damp. sleep difficulty due (R) LB & (L) foot. Part time at work.

TODAY'S NOTE: (L) CMP L/R @ C2/C3 (R) valsalva @ (R) C2/C3. (B) foramen pain → SAC

PATIENT IS TO RETURN:

SIGNATURE: A 14

To order call Practice Systems, Inc. (480) 991-3319

Form PS-404

1STATE Health & Wellness

☒ Newark 454-1200 ☐ Glasgow 453-4043 ☐ Hockessin 239-1600

Date: 3/26/07

Patient Name: Ashley Adams

Diagnosis: _____

I would like to prescribe the following rehabilitation program for the patient named above:

☒ Med-X
☐ Therapeutic Exercise
☐ Resist-A-Ball
☐ Other: _____
☐ Isorobics
☐ Cybex
☐ Cardiovascular

Frequency & Duration: 2x wk / 4wks

Special Instructions: Cervical + Lumbar

Referring Physician Signature: [signature]

Address: _____

Telephone #: _____